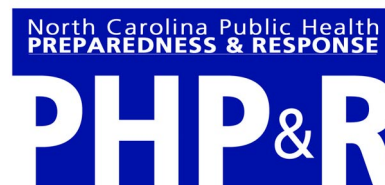

NORTH CAROLINA'S PHRST LINE REPORT

Vol. 1 – Number 3

August 4, 2003



State Office Reports

PHRST Words – Grants, grants, grants! Old Ulysses S. has a lot to answer for!

Seriously, folks, the months of May and June have seen major league efforts from lots of people to get several federal grants together to fund public health, emergency services and hospital bioterrorism preparedness and response activities across the state! The big four grants (PHP&R's three line items were submitted as one grant) that will affect our lives in the coming year are summarized below:

FEDERAL GRANTS RELATED TO PHP&R/BT

<u>SOURCE</u>	<u>LEAD</u>	<u>North Carolina's \$</u>	<u>STATUS</u>
HRSA	OEMS	13.4	SUBMITTED
CDC	PHP&R	21.6	SUBMITTED
Strategic National Stockpile	PHP&R	1.814	SUBMITTED
SMALLPOX	PHP&R	2.83	SUBMITTED
Office of Domestic Preparedness	DEM	13.9	SUBMITTED
ODP Supplemental	DEM	36.8	SUBMITTED
<u>TOTAL</u>		<u>\$90.344M</u>	

For us here in PHP&R, once we submitted our proposal for the CDC grant, we immediately went back to work closing out the last couple of months of Grant Year 3. Thanks to several teams for submitting good ideas for projects to "encumber" these funds by the end of the grant period on August 30. Besides several of those individual projects, the remaining funds (about \$2.35M) are going to the counties via a proportional allocation formula that takes population, total surface area and land area. By the time you read this, we may have been able to release the county-by-county figures. These funds are available for the remainder of the state fiscal year, but we are urging the counties to spend those funds by the end of December, if at all possible. Remember that our proposal for Grant Year 4, beginning August 31, has quite a bit of money for

counties as well and we want them to move out smartly with putting those dollars to work addressing the preparedness needs of counties.

Now that the heavy lifting is mostly over with the grants, we're looking forward to getting back to some program issues, especially the series of exercises we have scheduled for the remainder of the calendar year and the next quarterly combined response system meeting in Wilmington in September. The main effort for that meeting will be to define the roles and missions of the PHRSTs, especially in Focus Areas A, B, F, and G. Please come to that meeting with some ideas and experiences and plan to participate actively in those breakout sessions.

Jim Kirkpatrick

RSTs Offer Turnkey Respiratory Protection Program to LHDs

For years local health departments (LHDs) have used respiratory protection equipment to protect staff from respiratory infectious diseases, particularly tuberculosis. The recent SARS epidemic has resulted in increased use of respirators worldwide and particularly in clinical settings. Additionally, respirators have been used by LHD staff during disaster recovery to minimize exposure to nuisance dusts and environmental microbial allergens and infectious agents. The respirators most commonly used are called filtering facepiece respirators, which refers to a mask with shaped filter media that covers the wearers' nose and mouth. Because their employees are likely to face hazards that would make respirator use advisable, all 86 LHDs should have an effective respiratory protection program in place. The PHRSTs have developed a product to help LHDs carry out that program.

The NC Department of Labor requires any employer that requires its employees to use respiratory protection equipment have an effective respiratory protection program. The requirements of the program include:

- Training of employees,
- Fit testing using the equipment the employee will use, and
- Medical monitoring to ensure the employee is physically capable of wearing a respirator, and a written respiratory protection program.

There are some LHDs that do have all of these program elements in place, but most do not, and many have none. That is the need the PHRSTs are seeking to fill by traveling to the LHDs and providing all of the program elements in one visit. Training is provided to an individual to administer the program, and employees that will use respirators are trained, fitted and given medical screening in the form of a self-administered questionnaire. A written program is customized on site and training materials are retained by the LHD for training of new employees coming into the program. Steve Ramsey, RST 5 industrial hygienist who also is a former environmental health specialist at Davidson County Health Department, has packaged the product with all of the required elements on a CD that is delivered to the program administrator at the conclusion of training. When the regional industrial hygienist leaves at the end of the day, a fully compliant, effective respiratory protection program is in place.

As of July 31 this service has been provided to more than a dozen local health departments. One notable finding from the training is that more than 20 percent of trainees failed the first attempt at fit testing with the equipment in stock at the health department. A fit-test fail indicates that contaminants can enter the airways of the respirator wearer because there are leaks in the face-to-facepiece seal. This means that

workers wearing those masks would have been at risk if exposed. After fitting with respirators of various sizes and models, the training teams have been able to accomplish successful fit on about 95 percent of trainees.

Health departments are encouraged to contact the RST industrial hygienist in their region for delivery of this product or for review of their existing respiratory protection program.

SORT To Help Sort SNS Plans

The NC Department of Health and Human Services (DHHS) has acquired the services of the Special Operations Response Team (SORT) to work with PHP&R, the PHRSTs, the state's Regional Advisory Councils, local public health departments and local disaster planning groups to assist counties and the state in developing exemplar Strategic National Stockpile (SNS) plans and plan templates to request, receive and disburse SNS assets.

The [SNS](#) is a medical resource maintained by the CDC and delivered to states to assist state medical and mass casualty response efforts in the event of a terrorist attack or health disaster that exceeds the state's capacity to effectively respond. PHP&R selected SORT for this project because of its experience, its expertise, its success in coordinating SNS activities and its ability to work effectively with all levels of preparedness and response, emergency and disaster management officials.

Eight counties were selected for SNS plan development based on unique planning considerations that affect several border counties. Those considerations include population density, existence and/or size of local hospitals, status as a border county, and one or more of the following: presence of an Indian nation, military base, veteran's hospital, a fixed nuclear facility and/or an ocean port city.

Participation and collaboration with SORT and PHP&R in this effort by selected counties is strongly encouraged to ensure readiness and effective response capability. Selected counties are under no obligation to use part of or the entire plan developed for them. However, these exemplar SNS plan templates shall and will be available to all North Carolina counties at no cost to those counties.

PHP&R supports direct contact between SORT and the selected counties, however, all records, reports, documents, and written correspondence, including e-mail and facsimile transmissions are to be made available to PHP&R upon reasonable request.

Questions regarding this activity should be directed to Douglas K. Griffin at (919) 715-1411 or by e-mail at Douglas.K.Griffin@ncmail.net.

Dates Set for Exercises

After some discussions and movement of calendars, we have set the dates for the upcoming exercises this fall. There will be much more to say about these in the coming weeks, but mark these dates on your calendars.

Phase I (early detection, agent identification, leading up to the call for the push package) October 22-24.

Phase II (reception and staging of the push package, secondary distribution and dispensing sites) November 12-14.

Phase III (quarantine and isolation) December 10-12.

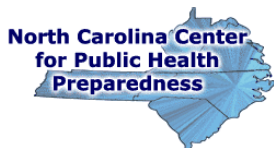
Upcoming ICS Training

Plans are being made to schedule a one-day Incident Command Systems training (with a public health perspective) for PHRST and PHP&R members. A tentative date of Tuesday, October 28 has been selected. The training will probably be in Chapel Hill. More definite information will be forthcoming, but wanted to give you a heads up so you can plan accordingly.

Staff Changes

Samara Adrian, the Focus Area A Planning Coordinator has left to work as a Functional Subject Expert with Applied Marine Technologies Inc., a multinational defense consulting firm. Samara is an original member of PHP&R and will be greatly missed.

Susan Thompson, the Focus Area G Training Coordinator, has accepted a job with the state's HIV/STD Control Branch and is no longer with the PHP&R Office. We thank her for a job well done and wish her the best of luck.



NCPHWDS Now Available

The North Carolina Center for Public Health Preparedness in July announced that the final version of the NC Public Health Workforce Development System (NCPHWDS) is now available. This computer system is part of a national preparedness and response effort, and a national move to focus on core public health competencies. NCPHWDS has been developed to assist public health professionals with assessing individual training needs and interests, to identify training opportunities that meet those needs, and to track the trainings participants choose to take.

Earlier in the year, PHRST members took an assessment regarding the need for training in each of the ten core public health service areas, or competencies, and the emergency preparedness and response competencies. Data from these assessments have been transferred to the North Carolina Public Health Workforce Development System.

The online system provides immediate feedback of competency matched training opportunities. Once logged into the system visitors can go to the NCPHWDS site and search for trainings based on the competencies. Different types of training options can now be accessed: online, face-to-face, video, and trainings from various institutions around the country. Log on and explore the system at www.publichealthpreparedness.org.

If you have questions or problems with logging in or finding trainings that fit your needs, please contact Lisa Macon at (919) 843-5559 or by email at workforcedevelopment@listserv.unc.edu.

No-Fee Online Training Opportunities

The North Carolina Center for Public Health Preparedness (NCCPHP) in the School of Public Health at the University of North Carolina at Chapel Hill has created a web site featuring Internet-based training products developed by the Center. The trainings on this site can be accessed free of charge.

The NCCPHP training site is located at: <http://www.sph.unc.edu/nccphp/training/>

Trainings in the following topic areas offered by the NCCPHP are available on the web site. These training products are free and grant certificates of completion.

- Acute Disease Surveillance and Outbreak Investigation
- Biostatistics
- Bioterrorist Agents
- Community Assessment
- Emerging and Re-emerging Disease Agents
- Epidemiology
- Geographic Information Systems (GIS)

Participants who complete NCCPHP-developed trainings can earn a personalized, printable certificate of completion. Participants can submit certificates of completion to a relevant professional association to receive continuing education credit. Physicians can claim AMA Category 2 CME credit per completed NCCPHP-developed training; recording Category 2 hours is the responsibility of the individual physician.

Regional Surveillance Teams



Beaufort, Bertie, Camden, Chowan, Craven, Currituck, Dare, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Jones, Lenoir, Martin, Nash, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington and Wilson

Staff Announcements

PHRST 1 introduces two new partners. Greg Benner, who began work on July 21, is the Lab Manager for the Regional BT Laboratory. Frank Beck has accepted the Industrial Hygiene Consultant position and will arrive on Monday, August 11. Please join PHRST 1 in welcoming these two new partners.

Epi Teams Trained

“Botulism in Argentina” training was conducted for each of the Epi Teams in Pitt, Hyde, Craven, Pamlico, Lenoir, and Jones counties, as well as the Martin-Tyrrell-Washington Health District and Albemarle Regional Health Services. To date, 54 individuals have participated in this training provided by PHRST 1.



Avery, Buncombe, Burke, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey

FEMA Training

Martha Salyers attended the northeast Tennessee Regional Hospital Disaster Tabletop Drill in Johnson City on July 8. The drill was sponsored by the Tennessee Department of Health. According to the facilitators, this was the first drill of its type in the nation. Participants included the state epidemiologist and representatives from regional public health, EM, EMS, public safety, and Tennessee/Virginia hospital networks. The scenario was built around a covert plague attack and was very well run. This visit was an outgrowth of PHRST 6's membership in MEPHECC (Mountain Empire Public Health Emergency Coordination Council), a TN-VA-NC interstate interdisciplinary planning group. The drill was timely, as MATRAC (Mountain Area Trauma RAC) is working on WNC's regional hospital disaster plan.

LaCrosse Conference

PHRST 6 members attended a LaCrosse encephalitis conference at the Mountain Area Health Education Center (MAHEC) on June 20. Western North Carolina and eastern Tennessee are foci for LaCrosse. There was an all-star faculty of entomologists, epidemiologists, infectious disease and pediatric intensivist specialists, including Jeff Engel, Nolan Newton, Bruce Harrison, Charles Apperson, David McClain, Jean-Marie Maillard, Todd McPherson, Leon DeJournett, and Roger Nasci from CDC Ft. Collins. This was an outstanding conference on a regionally significant emerging infectious disease.



Alexander, Anson, Cabarrus, Catawba, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly and Union

NDMS Exercise

On June 14 PHRST 7 participated in a National Disaster Medical System (NDMS) exercise that focused on a simulated earthquake occurring in the central United States. A National Guard C-130 transport plane was loaded with about 50 individuals, each simulating a traumatic injury. The exercise was to test the plans and capabilities of the Charlotte Metropolitan Medical Response System (MMRS) regarding receiving, triaging, and transporting these patients to surrounding hospitals in an effective and efficient manner. The reviews of the exercise were overwhelmingly positive, with only minor improvements suggested.

Carbon Monoxide Poisoning

PHRST 7 was involved with an investigation of a carbon monoxide event that occurred in an apartment building in Charlotte. Sixteen people from eight apartment units were evacuated from their dwelling at about 1:30 a.m. and taken to the hospital for evaluation. There were no deaths in this event; however, three people in one apartment unit were unconscious when firefighters knocked on their door. All victims returned to their homes before noon with no permanent harm. The cause of the incident was the use of a gas-powered generator used as an electrical source for one of the apartment units in the building. CO vapors emitted by the generator, located in a shed adjoining the apartment unit, traveled into a common space of the building and entered all apartment units.

Post-Flood Involvement

Two days of heavy rain caused several creeks in Mecklenburg County to overflow and resulted in flood-damaged property. More than 500 dwellings were damaged by the floodwaters, 218 of which were apartment units. PHRST 7 joined county and state teams in a tour of the flooded areas. Afterwards, PHRST 7 assisted the Mecklenburg County Health Department in developing a public announcement and informational handout sheets related to health concerns of flooded dwellings as well as preventing and cleaning mold. The team has been involved with developing a video that may be televised on Mecklenburg County Health Department's television show, "Healthy Connections." Further, representatives from state public health offices are interested in developing training modules addressing mold and mold clean up in collaboration with Mecklenburg County and PHRST 7. The training modules produced would then be used to develop expertise in health departments to provide state residents assistance with their mold concerns.

SNS Exercise Committee Established

PHRST 7 initiated and coordinated set up of the SNS Planning and Exercise committee to prepare for the upcoming exercise in Mecklenburg and Cabarrus counties. Representatives from the hospitals' pharmacy departments, local law enforcement, emergency management, Mecklenburg and Cabarrus health departments, American Red Cross Disaster Services, Emergency Medical Services, Homeland Security Director, and the PHP&R SNS coordinator are working together to develop a written SNS plan and look at reception and distribution logistics issues.

McGuire Nuclear Plant Drill

PHRST 7 met with the McGuire Task Force over the past year to assist in the five-county distribution of Potassium Iodide tablets and prepare for a FEMA-required exercise to be held in May 2004. PHRST 7 was called to the EOC in Mecklenburg County to observe and participate in the half-day tabletop exercise and reported to the sheltering site in Mecklenburg County to observe the decontamination drill.

MOST and NCEDD Rollout to Region 7

PHRST 7, representatives from the NC Emergency Department Database (NCEDD), the contract developer for Medical Online Surveillance Tool (MOST), and Mecklenburg County users worked together to

provide training for the regional health directors. The training was designed to familiarize participants with these systems and to obtain the support of their hospitals. Meetings are now being held in each county with each health director, their respective hospital representatives, and a representative from PHRST, MOST and NCEDD to obtain each hospital's agreement to provide daily electronic downloads of emergency room data for disease surveillance and operational analysis.

Editor's Note:

The purpose of this newsletter is to provide information briefs that are useful and timely. It is designed to be scanned quickly to determine topics of interest and then provide pertinent information in two or three paragraphs. The primary contributors to the newsletter are the Office of Public Health Preparedness and Response and the state's seven Public Health Regional Surveillance Teams. This is because the PHRST Line Report is one of our primary communication tools as well as an historical record of our efforts. Topics submitted by counties, partners and stakeholders are also welcome as they pertain to bioterrorism preparedness. Submissions should be e-mailed to our editor at Bill.Furney@ncmail.net.

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